Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AUANOE 05	Application Number	10/525,865 October 24, 2005		
CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Filling Date			
	First Named Inventor	Atul Katoch		
	Group Art Unit	2819		
	Examiner Name	Anh Q. Tran		
	Attorney Docket Number	NL020792		

Please change the Correspondence Address for the above-identified application to:								
	r Number	mber 24737						
	Type Customer Number here 24737							
OR								
Firm or Individual Name	Philips Ele	Philips Electronics North America Corporation						
Address	P. O. Box	P. O. Box 3001						
Address								
City	Briarcliff I	Briarcliff Manor State NY				ZIP	10510	
Country	USA	USA						
Telephone	(914) 945-	(914) 945-6000 Fax (914) 332-0615					-	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the : Applicant. Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. Attorney or agent of record. Reg. No. 37,285 Registered practioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number								
Typed or Printed Name Eric M. Bram								
Signature /Eric M. Bram/								
Date April 27, 2007								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Total of 1 forms are submitted.								

Burdon Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any incomments on the manument of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Tradomark. Office. Washington, DC 2023.1. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.